

Freedom House Consultation on Support Services



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A United Way Agency



Freedom House Consultation on Support Services

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Social Planning & Research Council

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Freedom House

The Blissymbol for "freedom" is derived from the symbols "feeling" and "open" and "feeling of being unconfined".
(Blissymbolics Communication International, Toronto, ON)



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1.0 INTRODUCTION

The purpose of this report is to examine the most effective way of providing services to people who have disabilities that would allow them to live independently in the community. This study was commissioned by the Board of Directors for Freedom House, a group of people in the Hamilton community, some with disabilities and others who provide services to people with disabilities. They are concerned about the risks faced by people with disabilities with respect to homelessness and intend to build a housing model that fosters independence among the tenants.

The Freedom House proposal is a plan for a barrier-free, residential supportive housing complex in central Hamilton, specifically designed to meet the many needs of tenants, regardless of age. Barrier free is an environment that enables anyone with a disability to live as independently as possible within the scope of her or his limitations. The objective of the plan is to construct a building which would help individuals with disabilities live in comfortable home environment, function with independence, and play an active role in their community.

Approximately 60 individual and family units providing multiple levels of care would be available. Health care providers and specialists, home-making, maintenance and security personnel would be on-site to assist with activities of daily living. Part of the plan also consists of special respite, transitional and palliative care services as well as a shelter for disabled victims of abuse and/or neglect.

The current plan also allows for commercial space on the ground floor. In consultation with the stakeholders in the community, we set out inquiring about what might occupy that space and how best to provide the types of supports for tenants that some people with disabilities need to access. That issue, then, is at the heart of the community consultation and this report.

In February 2002, the Freedom House Board commissioned its first report looking at the need for housing in Hamilton for people with disabilities. That report, "An Assessment of Housing Need Amongst People with Disabilities in Hamilton: Building Towards Freedom House", clearly established the need for more supportive housing in Hamilton and the various characteristics that should accompany this housing.

Many of the recommendations of that report relate to the best model of housing and delivery of services for disabled people and how to provide for those needs in a way that fosters independence. Those recommendations and a brief explanation of the connection to support service delivery and independence follow below.

- Hamilton needs an increased supply of affordable housing for people with disabilities that is physically modified to remove barriers and in which residents can access the necessary supports to allow them to remain in their housing.

The level of need for affordable housing in Hamilton continues to increase. As reported in the Social and Health Issues Report 2001 from the Social and Public Health Department of the City of Hamilton, at that time Hamilton had 14,200 social housing units, most of which were not considered accessible for people with disabilities. (Neigh 2002) The Community Housing Access Network (CHAN) establishes eligibility for the majority of those units and the various housing providers are responsible for assessing suitability for the applicants.

As of February 2002, the waiting list for supportive housing included 81 individuals with physical disabilities, 176 seniors, 54 individuals with acquired brain injury and 12 people living with HIV/AIDS. The risk of homelessness for those on fixed incomes is very high with 3,139 people on provincial disability income having to put more than 50% of their income toward rent. (Hamilton District Health Council, 2002)

The need for housing in this area continues to rise while at the same time there is a general lack of resources being allocated to these supports from various levels of government or private owners. People living with disabilities will never be able to live with a level of independence if they are unable to find housing that is barrier free and provides a way for them to access the supports they need easily either inside or outside the building.

- ♦ Housing for people with disabilities should be...
 - Located as near as possible to as wide a range of services as possible
 - Located as near as possible to a public transit stop
 - Designed to allow sheltered access to disability transit vehicles
 - Designed to include sufficient parking for modified vehicles and visiting service providers
 - Located and designed to give residents safety, security, and privacy
 - Located and designed for maximum integration into the community
 - Designed to include communal, social space

Location is extremely important for housing for anyone but particularly for people living with disabilities. If they are to live independently they must be able to access transportation services as in almost every case there will be a need to travel beyond the immediate neighbourhood to reach support services.

Security is an issue that affects everyone when considering their choice of housing and in the same way people with disabilities should be able to choose housing that provides a safe and secure environment. This means housing that is located in a safe area geographically. That location should also allow for integration into the wider community meaning that all housing for disabled people is not located in the same area away from people who do not live with similar limitations.

- ♦ There is a need for a source of socialized homemaking services, and improved access to therapeutic services for people with disabilities.

Allowing people to stay in their own homes and fostering independence is only possible when support services are provided in a way that they are either accessible off-site or able to be delivered in the individual's home. Lack of homemaking services has been more and more connected to the inability of people with disabilities to live independently. (Neigh 2002)

- ♦ The plan should include an innovative and comprehensive mechanism for control of design features by people with disabilities.

Modifications are often needed in the home environments of people who live with disabilities. With that in mind, it is important that people with disabilities have some input into the design of buildings in which they will live. In general, the understanding of what makes a home accessible for people with disabilities is very poor. (Neigh 2002)

- ♦ Physical design should allow housing space to be easily adapted to suit the individual needs of residents

The needs of people with disabilities are highly individualized. Even housing that is designed with accessibility issues in mind has been found to have problems and been in need of modifications once occupied. Again, independence is compromised when people are not able to maneuver around their own living space with comfort and ease.

- ♦ The plan must include a formal, substantive mechanism for control by residents over housing and service delivery.

Tenants need to have input into the buildings in which they live because they are the ones who know their situation best. As issues arise in a building an active tenants' council must be able to respond in effective ways to the realities they understand more than the general public or service professionals who live without disabilities.

"The next step is to create and evaluate clearly defined models to use in meeting [the need for supportive housing]." That last line of the report brings us to the present consideration. The purpose of this consultation and report is to consider options regarding provision of support services to potential residents of Freedom House, that contribute to the greatest level of independence. By identifying service needs, existing services in the downtown core, various service delivery models and through community consultation, this report will recommend ways in which services would be best delivered.

The community consultation consisted of 12 key informant interviews with service providers and potential tenants about the value and composition of on-site services compared to a model of service delivery that would connect potential tenants to existing services off-site. Building on the gathered information, a forum was held in which 30 people participated in focus groups, further exploring on-site services and the use of the commercial space expected to be incorporated in the first floor of the building. Sharing the results of the literature search and community consultation is the purpose of this report.

1.1 Methodology

▪ Phase 1 - Literature Review

A review of literature related to the need for life-skills training and other support services both locally and in other jurisdictions was conducted. The review also looked at the benefits and drawbacks of various service delivery models.

▪ Phase 2 - Community Consultation

Key informant interviews were conducted with 6 potential residents of a Freedom House model and with 6 service providers. This phase saw the gathering of input on the optimal mix of support services and preferred models of service delivery.

▪ Phase 3 - Inventory of Local Support Services

During this phase the research focussed on assessing the availability of relevant support services in the downtown core and considered the potential for linking existing services to a Freedom House model.

▪ Phase 4 - Community Forum

A community forum was held to present findings from phases 1 through 3 and to gather feedback through small group discussions. The Freedom House Board of Directors secured space and invited participants while the SPRC was responsible for moderating, presenting findings to date, designing formats for small group sessions, facilitating the small groups and recording input.

2.0 BACKGROUND DEMOGRAPHICS

2.1 Disability and Age

The Participation and Activity Limitation Survey (PALS) is a national survey funded by Human Resources Development Canada and conducted by Statistics Canada. In 2001 the PALS survey resulted in a report entitled, "A Profile of Disability in Canada".

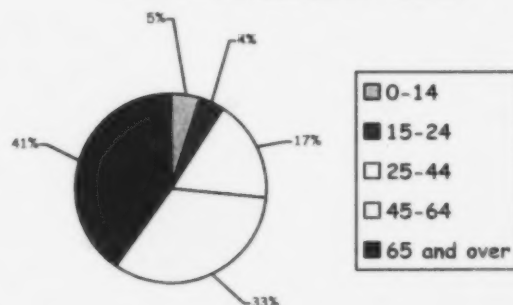
According to the World Health Organization (WHO), disability is defined as "a restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being."

In any survey people have the freedom to self report and therefore, the numbers of people defining themselves as disabled is likely lower than the reality based on the WHO definition.

The study reports that 3.6 million people in Canada, or 1 in 8, are disabled. In Ontario, 13.5% of the population, or 1.5 million is disabled. Using the provincial average of 13.5%, the estimated number of disabled people in Hamilton is approximately 67,500. It is likely higher than this since persons with disabilities often gravitate toward large city centres because of the infrastructure that will support their needs such as public transportation systems.

Of the 3.6 million disabled people in Canada, 1.45 million are seniors. As the chart below illustrates, disability rates clearly rise with increasing age.

Chart 1: Population with Disabilities by Age Groups, Canada 2001



Forty-one per cent (41%) of disabled people in Canada in 2001 were 65 and over. Breaking that number down a little further, 649,180 people between 65 and 74 were disabled in

someway, while 802,670 people 75 years and over were disabled. Within those age groups, 31.2% of people between the ages of 65 and 74 are disabled and of those people 75 and over, 53.3% are disabled in some manner. Comparatively, the disability rate among children 0 - 4 is 3.3% and rises to 10% among adults 15 - 64 years of age. Children can be born with their limitations but may acquire others after birth through accident or illness.

The Hamilton District Health Council has found that Hamilton has and will continue to have a higher than average number of seniors than the province of Ontario. In 2001, 14% of the population of Hamilton was over 65 compared to 13% of the province's population. By 2016, it is estimated that seniors will make up to 17% of the population of Hamilton or 94,854 people.

As PALS reports, the disability rate for women is generally higher than the rate for men except in the case of children 15 and under. Women are 13.3% more likely to report disability than men (11.5%) are.

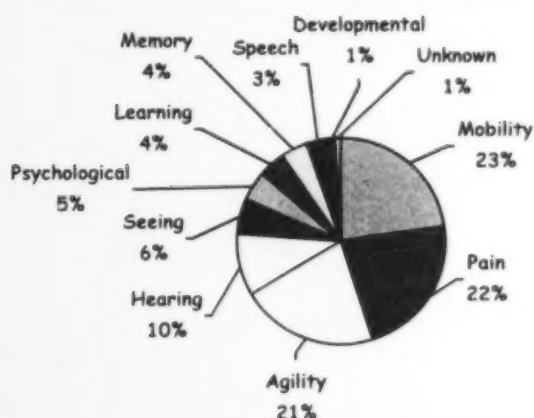
2.2 Types of Disability

Mobility problems are most often reported by adults (15 and over) with 2.5 million or 10.5% of Canadians having trouble walking, climbing stairs, carrying an object for a short distance, standing in line for 20 minutes, or moving about from one room to another. Mobility problems are more likely to be reported by women than by men at a rate of 12.2% to 8.6%.

Using 67,500 as the estimated number of people with disabilities in Hamilton, approximately 7,088 people are living with mobility problems locally.

More than 10% of adults in Canada have activity limitations related to pain or discomfort, falling very closely behind the number of people reporting mobility problems. Recurrent back pain was a typically reported response to the type of discomfort that limited one's activities. Again, men report this disability at a lower rate than women with only 8.8% compared to 11.4% of women.

Chart 2: Prevalence of Disability Among Adults Aged 15 and Over, by Type of Disability, Canada 2001



Agility related limitations affect 2.3 million Canadians. Ailments related to this would include, but are not limited to, difficulty bending, dressing or undressing oneself, getting into and out of bed, using fingers to grasp objects, or cutting ones own food.

A large majority of people 15 years and over with disabilities identified themselves as having more than one disability. While 18.2% of disabled Canadians reported having only one type of disability, a sizable proportion of them reported three to five disabilities.

Table 1: Number of Disabilities Reported by Adults (15 and over) with Disabilities, Canada, 2001

Number of Disabilities	Number of Adults	Percentage
One	621,270	18.2
Two	595,520	17.4
Three	992,360	29.0
Four or five	945,850	27.7%
Six or more	265,340	7.8%

2.3 Help with everyday activities

Approximately 22% of people with disabilities in Hamilton or 14,850 do not have the help they need in performing everyday activities. This would include preparing meals, housework, getting to appointments and personal care.

2.4 Need for Aids and Devices

People with disabilities often lack the aids and devices they need to live independently. In Hamilton 12,150 people with disabilities or 18%, do not have what they need in terms of assistive devices such as volume control telephones, sign language interpreters, large print reading materials, walkers, wheelchairs, grab bars, or braces.

2.5 Home Modification

Many times people living with disabilities need to make physical changes to their homes in order to live more freely. Based on the provincial average, 3,551 or 5.3% of disabled people in Hamilton do not have the changes they need in their homes. These modifications include ramps, automatic doors, lowered kitchen counters, and lift devices.

2.6 Travel

Travel is a particularly difficult task for people with any mobility disabilities. It is more difficult to apply the provincial average given the transportation system Hamilton has with DARTS and the HSR for public transit and the average would be based on many communities that do not have local systems of travel. But if the provincial average holds there could be as many as 6,200 or 9.4% of people with disabilities who either traveled with difficulty or were prevented from travel altogether in 2001.

2.7 Key Findings

The following key findings arise from examining the demographics of people with disabilities in Canada and relating those numbers to Hamilton.

1. Disability and age are clearly related. More than a third (41%) of disabled people in Canada are seniors. Hamilton has a higher proportion of seniors (17% of total) than the province of Ontario (13% of total). As "baby boomers" age into their senior years those numbers will continue to rise, causing an even greater need for more supportive housing as more and more of the population of Hamilton lives with disabilities.
2. Problems with mobility, pain and agility are the most frequently reported disabilities of adults in Canada. More women than men find themselves living with one or more types of disabilities. Almost one third of people with disabilities have at least three different types.
3. Almost a quarter of the people in Hamilton with physical disabilities are not able to complete everyday tasks because they lack the help they need to do so.
4. Without the assistive devices they need or modifications to their home living situations, people with physical disabilities are not able to live with the independence they could if they were able to get what they needed in these areas.
5. Travel is extremely important to people with physical disabilities who often have to leave their neighbourhoods to access the services they need to maintain their level of health. However, if the provincial average holds true, almost 10% of Hamiltonians living with physical disabilities traveled with difficulty or were not able to travel at all in 2001.



3.0 SUPPORTIVE HOUSING IN HAMILTON

Supportive housing generally refers to housing for individuals who need assistance with their activities of daily living, providing support and services to those individuals, enabling them to live in the community. (Housing Help Centre, 2002)

Supportive housing is provided for people with different needs and abilities. Generally the categories for supportive housing meet the needs of people with:

- i) Physical Disabilities
- ii) Psychological Disabilities
- iii) Developmental Disabilities
- iv) Multiple Disabilities/Specialized Homes
- v) Respite Care/Outreach Attendant Services

Designed for people who need minimal to moderate care with homemaking and personal care and support, supportive housing allows people to live independently. Supportive housing buildings are owned and operated by municipal governments or non-profit groups including faith groups, seniors' organization, service clubs, and cultural groups. Accommodations, on-site services, costs, and the availability of government subsidies vary with each building while the care arrangements are usually defined by a contract between the tenant and the service provider. (Ontario Ministry of Health, 2003)

Typical service in a supportive housing setting includes personal care such as routine hygiene, dressing and washing, daily visits and can also include services like shopping and meals. Visiting health services can be applied for through the Community Care Access Centre.

Some settings also provide a Life Skills Program. Through this type of program people learn communication and social skills, recreation and leisure skills, emotional and educational development, self-esteem building, behaviour management, physical and health development and sensory-motor development. This holistic learning is aimed at empowering the consumer to make informed decisions and direct their own care, increasing their independence and access to community resources. (Ontario March of Dimes, 2003)

The benefits of having supportive housing in a community are many, to both the individuals who are housed and to the society as a whole. The individuals who find appropriate housing to meet their needs are able to live quality, independent and dignified lives. (NATIONAL ADVISORY COUNCIL ON AGING 2002)

Usually supportive housing is located in a central area giving the individuals proximity to amenities, improved health because of increased access to health services, and increased opportunities for social interaction and recreation. Reduced physical demands from housekeeping are also beneficial for many.

From a societal point of view, many health policy analysts have argued that expanding supportive housing with home care services can provide great cost savings to the health care system. In fact, studies both in Canada and internationally have shown that long-term care facilities did not need to be built at the same rate as the aging population provided community services were increased. "In Sweden and Denmark, the growth in sheltered housing [supportive housing] has compensated for or even permitted the decline in coverage by institutional care." (National Advisory Council On Aging 2002)

Existing supportive housing in Hamilton is not sufficient to meet the needs of all those who seek it. The Hamilton District Health Council reports that in February 2002, the waiting list for supportive housing included 81 individuals with physical disabilities, 176 seniors, 54 individuals with acquired brain injury and 12 people living with HIV/AIDS.

Out of the 10 supportive housing complexes in Hamilton, 6 of them are located in the lower city (as opposed to "the mountain") and primarily in what would be considered the downtown core. One other agency offers supportive housing apartments in locations throughout the city.

In terms of the services provided in local supportive housing, all but two offer 24-hour attendant care with the exceptions providing care as needed or up to 12-hour care. All but one of the housing complexes is wheelchair accessible. Four of the homes provide housekeeping, meal preparation and cleaning. Life skills are taught at the three Participation Houses.

None of the existing supportive housing models are consistent with the model proposed by Freedom House. Besides providing attendant care and homemaking services, Freedom House proposes having five other core services on-site which were named in their previous community consultation and in keeping with the research on the most needed services for people living with disabilities. Those services are physiotherapy, occupational therapy, social and recreational opportunities, hydrotherapy, and vocational rehabilitation or life skills.

The current supportive housing units in Hamilton do not provide these services on-site. However, some of those services would be accessible off-site or by a visiting care provider.

For example, professionals coming to the site can provide physiotherapy, occupational therapy and life skills. Social and recreational opportunities can be provided on-site or through the many day programs offered in the city. Hydrotherapy opportunities are currently provided on an off-site basis though they are not widely available or affordable.

3.1 Key Findings

Following is a list of key findings from the literature and local inventory on supportive housing:

1. Supportive housing gives individuals a living environment that benefits them because of the increased independence that comes with the services provided. Personal attendant care and homemaking services are the most common services on-site. Some units also provide life skills for tenants that empower them to make more decisions about their own personal care.
2. A shortage of supportive housing units means the current needs for supportive housing in Hamilton are not being met. The Hamilton District Health Council reports that in February 2002, the waiting list for supportive housing included 81 individuals with physical disabilities, 176 seniors, 54 individuals with acquired brain injury and 12 people living with HIV/AIDS.
3. The Freedom House model of supportive housing proposes something very different than the current delivery model of services, seeking to have what the board considers to be five core services on-site. This would include physiotherapy, occupational therapy, social and recreational opportunities, hydrotherapy, and vocational rehabilitation or life skills. Of this list, currently only vocational rehabilitation or life skills is offered on-site in existing supportive housing complexes.

4.0 SERVICES THAT PROMOTE INDEPENDENT LIVING

Three years ago the Board of Directors for Freedom House undertook it's own community consultation, facilitating a focus group to address the question of the main types of services people need to live independently. This resulted in a list of 5 core services needed: physiotherapy, occupational therapy, social and recreational opportunities, hydrotherapy, and vocational rehabilitation or life skills training.

Although these services are provided in Hamilton, the number, location and delivery model does not always make these services accessible or affordable for people living with a variety of disabilities and on a fixed income.

Physiotherapy

"Physical therapy (physiotherapy) is the process of assisting an individual to reach his/her highest level of physical function following an injury or illness."

(www.activephysiotherapy.com/APRG/What_is_Physical_Therapy.asp)

The College of Physiotherapists of Ontario web site indicates 276 registered physiotherapists are practicing in Hamilton. This includes all those who practice out of hospital settings, clinical settings and private offices. In the downtown core, 22 were found to be practicing in the L8P and L8N area codes (not including the hospitals in that area).

A scan of the local phone directory indicates fifty-four (54) physiotherapy clinics or practices in Hamilton. Of these eight are located in the downtown core and six others are in other parts of the lower city. The rest are located in Dundas, Stoney Creek or on the mountain.

Specified services such as "golf and dance injuries and prevention" or physiotherapy specific to cancer or motor vehicle accidents are examples of the focussed services at physiotherapist clinics throughout the city. People aging with lifelong physical disabilities often need highly specialized care and so not every physiotherapist is equipped to work with them.

The Community Care Access Centre in Hamilton, which serves as a local point of contact for people seeking various health services, coordinates physiotherapy care for those who qualify. Otherwise, private insurance or private monies are necessary to pay for physiotherapy outside of the subsidized health care system.

The issue of payment is a difficult one for people living on fixed incomes and so whether a physiotherapist is covered by provincial health insurance or not, becomes crucial. Only

eight of the physiotherapists or clinics in the local listings show that Ontario Health Insurance Plan is accepted. In most cases this is for remedial/rehabilitation rather than maintenance therapy.

Only one of these is located in an apartment complex where people have an option to use the on-site services of the physiotherapist or choose from another in the city.

Occupational Therapy

Occupational therapists work to ensure the client's return to her or his maximum level of functioning so that she or he can safely participate in daily activities of self-care, work and leisure. The Occupational Therapist educates the client in adaptive techniques, which will make it possible to perform activities of daily living within the framework of physical limitations.

This kind of therapy is normally provided by a visiting health care provider or through hospitalization. As with physiotherapy, the local Community Care Access Centre coordinates this service. Anecdotal evidence suggests that people who need visits by occupational therapists currently wait too long for this service.

Hydrotherapy

Water is seen as an ideal treatment medium for many patients with painful joints and weak muscles from illness or injury. Buoyancy, movement, and water resistance account for the benefits of water therapy. Many people find a therapeutic swim program beneficial because of the warm water immersion and the body movement and control that are not always possible for them on land.

Our inventory shows that in Hamilton there are 10 pools available for water therapy programs. Again, the issue of subsidized payment through provincial health programs is an issue with about half of those pools open to using the Ontario Health Insurance Plan.

These pools are all independent of a housing complex, as Freedom House would propose. Transportation therefore becomes an issue when seeking this type of care, as only one of these pools exists in the downtown core where much of the supportive housing is located and bus routes converge. As well, anecdotal evidence exists that the pool time available for the number of people seeking this type of therapy is not adequate.

Recreational and Social Opportunities

Adult day programs are a clear example of the kind of program that provides individuals with an opportunity for recreation and social interactions. Although many possibilities exist for these programs, transportation and waiting lists become crucial issues when the

programs are offered off-site of a person's living space, as is largely the case. The Hamilton District Health Council (HRDC) reports that most programs in Hamilton are operating at capacity with respect to registrants.

Transportation is a fundamental requirement for most of the clients in Hamilton attending adult day service programs. Recalling that 6,200 or 9.4% of people with disabilities in Hamilton either traveled with difficulty or were prevented from travel altogether in 2001, it is clear that travelling to these day program opportunities would be met with great difficulty. In fact, in the same report the HRDC states, "some programs estimate that between 5% and 65% of their clients are not receiving the minimum of 5.5 hours of programming, primarily because of variable arrival times for clients using DARTS" (Disabled and Regional Transportation Services).

Freedom House proposes the location of recreational and social opportunities within the housing complex, which would eliminate the need for travel with public transportation or DARTS.

Vocational Rehabilitation/Living Skills Program

Through this type of program people learn communication and social skills, recreation and leisure skills, emotional and educational development, self-esteem building, behaviour management, physical and health development and sensory-motor development. This holistic learning is aimed at empowering the consumer to make informed decisions and direct their own care, increasing their independence and access to community resources.

Vocational Rehabilitation can help someone to retrain for employment opportunities as well. The Canada Pension Plan (CPP) offers vocational rehabilitation to people with disabilities if they receive CPP disability payments.

While only four of the supportive housing settings clearly identify that life skills or vocational rehabilitation are taught on-site, many day programs offer these services. Freedom House proposes having this service on-site because the board believes it could lead to job experience and student placements.

4.1 Key Findings

The following are key findings coming from the scan of local core services that support independent living for people with a variety of disabilities.

1. While some of the identified core services are offered at a few of the existing supportive housing units in Hamilton, none are available in a housing model to the extent Freedom House proposes.
2. The identified core services exist in many areas of the city in off-site locations. This makes travel necessary for those who wish to seek them. Having on-site services eliminates the necessity for travel, which often prevents people from accessing the services they need.
3. While the number of existing services may seem sufficient, the type of care that is offered may not be appropriate for each person as the continuum of care for disabled people can be highly specialized. For example, physiotherapists may specialize in sports injuries and not necessarily in the disabilities related to aging.

5.0 FINDINGS FROM KEY INFORMANT INTERVIEWS

As previously stated, an initial consultation with potential tenants (i.e. adults with a variety of disabilities) of Freedom House was first done in 2000. At that time participants in a focus group were asked to identify what they deemed to be key services for people living with disabilities. From that inquiry a core list of 5 services was developed. Those services were physiotherapy, occupational therapy, social and recreational opportunities, hydrotherapy, and vocational rehabilitation or life skills.

The conceptual model of Freedom House includes space on the ground floor for commercial use. Considering how to use that space to provide a variety of amenities on-site, the primary questions became, "What is the best choice of using this income-generating space?" and "How can tenants be best connected to those services while paying attention to the need for independence and choice?"

Answering these questions was the goal of this current consultation. In individual interviews the following 6 questions were asked of 12 key informants, 6 of whom were potential tenants of Freedom House and 6 of whom were service providers in the community.

5.1 Independent Living

Independent living means different things to different people. In order to establish a common ground for the discussion, the first question asked of the key informants was:

"What does the term independent living mean to you?"

Whether speaking with potential tenants or service providers, the key emerging theme was invariably about having choice - being able to live on one's own, accessing needed services where and when they are wanted.

"...to have the choice to access whatever services I need at that time that comply with my needs."

(Response of potential tenant)

It was clear through the responses that while people with disabilities would likely need some assistance and support, having one's own place with "support from people who are not family and friends" is important. "If set up properly, you can have assistance without having to depend on your parents and without having to worry that an office will call and say, "we can't send your help in today."

"Independent living means being able to make decisions about your own care."

(Service provider response)

"Self-directed care" was commonly used to refer to the choice one must have in an independent living situation.

"They [people with disabilities] must be able to make decisions about their own care."

Respondents also talked about the importance of "being able to complete activities of daily living with minimal assistance". "Maximizing a persons skills in terms of providing for themselves" also speaks to the need for independence.

Findings from responses to this initial question suggest that independent living is about being able to live on one's own; self-directing the kind of care one has; and having access to assistance outside of family and friends to complete the necessary task of daily living if needed.

5.2 On-site Supports

Referring to the original findings through the first focus group and from other research, the second question sought information on what the key informants saw as primary when it came to on-site services.

The following statement was read to each key informant interviewed:

"Through our community consultation and research we have seen a number of on-site supports suggested as important for independent living. These include physiotherapy, therapeutic pools, occupational therapy, social and recreational opportunities and vocational rehabilitation."

To assess whether these services or others were preferred by the key informants, the following question was posed:

"Are there other on-site services you see as important in a residence that promotes independent living?"

Before moving to a conversation about the specific on-site services, respondents engaged in a discussion about the value of on-site services in general. Respondents to this question thought the list of proposed on-site services was quite extensive including a reference to it as a "wish list". However, upon further exploration of the question, respondents were divided as to whether any of these services should be on-site at all while some added a few items to the list such as internet services, a grocery store and nursing.

Concern was raised by many of the key informants about whether any services should be offered on-site because of the danger of the isolation of residents increasing. This theme that no services should be offered on-site was highlighted by comments such as "you build everything into the home because transportation is a problem but then it's not an average home. Independent living should be like living at home." Other respondents, both service providers and potential tenants, reiterated this reservation about having on-site services.

"You don't want to have the entire world inside the building... people would never go outside."

(Response of potential tenant)

However, when the discussion moved to the specific services that would be advantageous on-site the majority agreed that physiotherapy and hydrotherapy would be a great benefit. "Physiotherapy is important to have on-site because it's ongoing."

Hydrotherapy was seen as a service that's difficult to access in the city as pools are not plentiful and in general the location of pools that offer hydrotherapy is not central. Costs were also seen as inhibiting. Therefore, having one more pool for people to use in the city and in particular for potential tenants of Freedom House, was seen as beneficial.

On the other hand, occupational therapy was viewed by most as something that was not necessary on-site because it is often a one-time consultation. This was also said about life skills training or vocational rehabilitation because it is "specialized and infrequent so it's hard to predict if anyone would avail her/himself of that." Many others also put it at the "bottom of the list" in terms of what they saw as important for being located in the building.

With regard to recreational and social opportunities, everyone agreed they were important to have on-site but only if there were optional for the tenants. This brought up the topic of choice to use any of the services should they be located on-site, which will be discussed more extensively in the focus group findings section.

Having a community facilitator or an information contact person on-site for referrals to the various services in the community for disabled people was another theme that emerged.

Generally the respondents focussed not on expanding the list of on-site services to be offered but on warning about the problems that might arise if many services are on-site and a kind of "ghetto" is actually created.

An additional finding that was outside the scope of this report referred to the necessity for attendant care. Most potential tenants also wanted to be assured that 24-hour attendant care and housekeeping would be part of the plan.

5.3 Barriers to Accessing Current Services

The proposed services for the commercial space that arose out of the first focus group all currently exist in many forms throughout the city. However, there is a lot of evidence that there are difficulties in accessing these services. To further explore these barriers the following question was asked:

"What problems do you think people have accessing these types of services?"

Three key themes emerged from the discussion: lack of resources; lack of transportation; and lack of information. Respondents agreed that these three make it difficult to access services as they are currently provided.

The lack of resources fell into two categories: the lack of an individual's resources through insurance or private monies to pay to access adequate services; and the lack of broader community resources to allocate enough services in the area for the number of people needing them. Both service providers and potential tenants readily named encountering extensive waiting lists for people relying on services covered by insurance.

The second theme that came forth with regard to the difficulty accessing services in the community was transportation. This was identified as one of the biggest challenges to people with physical disabilities being able to access the services they need for independent living. Many stories were related to exemplify the difficulty people have in relying on the Disabled and Regional Transportation Services (DARTS). Winter weather in this area clearly plays a large role in one's independence if transportation is not available. Another particular frustration with transportation was that people with disabilities must book their transportation request a week ahead of time, limiting their choice to access events or appointments that might come up with less notice.

Lack of information about available resources was the final theme identified as something preventing disabled people from accessing the services they need.

5.4 Benefits and Drawbacks of On-site Services

As was evidenced by the initial discussion around the question about what services should be offered on-site, there is a need to clarify what key informants think about the

benefits and drawbacks of on-site services. Therefore the following question was posed to the key informants.

"What are the benefits of having on-site services that support independent living?"

"Available", "flexible" and "accessible" are the three words that summed up the answers to this question. Not having to rely on transportation was the explanation that most people gave with regard to what would make the on-site services more accessible.

"Transportation rules the lives of the disabled but with on-site services there would be more flexibility."
(Response of potential tenant)

In order to hear both sides of the equation key informants were also asked,

"What are the drawbacks to having on-site services?"

Six key themes emerged from the responses. The first was that having on-site services would come with the cost of a lack of social contact. Fear was expressed by the respondents that having on-site services would create a "mini-institution". "This model is particularly a concern for people with mental health issues. Outside stimuli would not be as available to them." This reference to lack of social contact was identified in a number of ways by the respondents. As one said, "People need to go beyond the 4 walls. I'd be concerned about inclusion and making sure tenants are part of the community and the community is part of the residents' life."

The second theme pertained to limiting the choices a tenant would have if she or he were required to use the on-site services even if they preferred services that were off-site.

"Isolation instead of integration" is a phrase that was used to identify the third theme. Respondents feared that tenants would not find it necessary to leave the building if all the services were on-site and therefore both they and the community at large would miss the opportunity to experience some integration.

The fourth theme was related to transportation. Even though transportation was deemed one of the biggest difficulties people had when trying to access services, respondents felt it was important to focus on fixing the transportation problem rather than bring the services on-site and compromise the independence of the tenants.

A fifth theme concerned the quality of the healthcare that might be provided on-site. Health-related services of adults with physical disabilities often require provision in a particular healthcare setting where the expertise exists. "Not everyone's needs can be met by a generic physio who is not specialized," said one potential tenant.

Finally, the sixth theme concentrated more on the service provider than on the potential tenant. It was noted, "high quality professional skills get compromised because of isolation from a professional network."

5.5 Resident Involvement in Service Delivery

The final question asked of the key informants aimed to get information about how tenants might have some input into how the services were delivered in the building.

"What would be the best method for giving residents some control over the services and how they are delivered?"

A tenant's council was seen as an imperative, with mixed representation from the broader community. Many models were suggested for this council but the common theme was that tenants need a voice with regard to service delivery and management. The tenant council was seen as a group of people that would work in cooperation with a building coordinator and the Board of Directors.

"A panel of residents needs to take responsibility. A group of tenants and service providers should decide on administration. It doesn't make sense for an outside body to make decisions when they don't know how it works and how it needs to function."

"Clients know more than we know. We must listen to them and assess and implement their suggestions."

(Service provider response)

5.6 Key Findings

These key findings are drawn from the conversations with the key informants.

1. Two main services people would like to see on-site are physiotherapy and hydrotherapy. Additional requests included nursing, a restaurant, and Internet access.
2. Lack of resources (individual and community), lack of transportation and lack of information are the main barriers for people with physical disabilities trying to access services as they are currently delivered in the community.
3. The benefits of having services on-site are the availability and easy access, particularly related to not having to rely on public transportation to reach off-site services.
4. The drawback of on-site services will outweigh the benefits if the choices of tenants are limited in terms of accessing off-site services. Isolation and the fear of creating a "mini-institution" are very real concerns for both service providers and potential tenants of the Freedom House model.
5. It is imperative to set up a tenant council with diverse representation from the broader community to work with the Board of Directors in overseeing the delivery of service in Freedom House.



6.0 CONSULTATION THROUGH FOCUS GROUPS

From the key informant interviews it became clear that while a great level of convenience would be found with onsite services, some respondents thought it would be at the detriment of choice and independence for the tenants who lived there. This was articulated with the use of words and phrases that having all these services on-site would "create a ghetto" and "increase isolation".

Conducting focus groups with a large mix of adults living with disabilities (potential tenants) and service providers afforded an opportunity to further explore the best use of the allocated commercial space in the building while focusing on the potential of lost independence.

On September 22, approximately 30 people participated in 3 focus groups at the Self-Help Centre Auditorium. They reflected on three questions with the guidance of a facilitator in each group.

6.1 Tenant Independence and On-site Services

In order to get at the heart of the concerns raised about the independence of tenants being negatively affected by the presence of on-site services the first question posed to the participants was,

"How would on-site services affect the independence of tenants?"

The answers fell into three main themes: choice, integration and location. Although discussing the concerns that on-site services might have on independence was a focus for this question respondents confirmed that having some on-site services would definitely be beneficial.

Choice

Tenants must be given the choice to access off-site services even if a similar service is available on-site. "Pressure might be put on tenants to use on-site services even if they're not interested. They should only use them if they're beneficial for them." This statement echoed throughout the room as both service providers and tenants largely agreed that "tenants need to be protected not bullied into using on-site services." This idea came along with an acknowledgment that tenants would certainly appreciate not having to travel to off-site services in inclement weather.

"Tenants need to be able to make a choice whether to stay on-site for services or not."

At the same time, some felt tenants should be given priority to use the on-site services above those people who would not be living in the building but might be accessing them.

Integration

The fear that a building with all the services on-site would be self-contained and therefore lead to isolation came through in the responses. Two ways in which to ensure integration with the larger community emerged. All participants seemed to agree that the on-site services must be open to people who live outside the building. "You're recreating an institution unless it's open to the public," said one stakeholder.

This discussion led to consideration of the sustainability of on-site services. Participants spoke of the reality that anyone who set up a business on-site would need to have enough customers or clients to make the entity viable. This led to further consensus that being able to attract people who lived outside of the building would be essential.

The other way to increase integration in the building that garnered some discussion was with regard to having apartments open to non-disabled people. "The building could be mixed with rent-geared-income units and market housing," said one attendee.

Respondents in the discussion of this question also raised the issue of integration throughout the larger community. "It's important to have disabled people live throughout the city because it increases awareness and eventually tolerance," claimed one participant. "People need to see the reality of people with wheelchairs - to 'rub' along together - to diminish intolerance" said another. This relates to the topic of location, which was the next theme to be covered.

Location

The theme of location was largely related to the issue of sustainability for the on-site services and a central location for tenants to access the downtown area where so many other services exist.

"It needs a good location that service providers would want to locate in or there won't be any on-site services."

With regard to sustainability, participants saw the need to seek a location that would allow the on-site private businesses to flourish. "It needs a good location that service providers would want to locate in or there won't be any on-site services," shared one person. Participants agreed with this idea but a particular location was not agreed upon.

However, when the discussion came to what would work for the tenants, the downtown core was deemed to be most appropriate because of access to existing services including

transit lines. Security was also a factor when discussing location and having the building too far away from the downtown core where bussing is more accessible was seen as a liability.

Benefits

Although the majority of the responses to this question focussed on how to ensure the independence of tenants in a building model such as Freedom House, there were some strong comments that independence would not be threatened at all. "It wouldn't hurt our independence because people would still come out of their apartments."

"Just because some services are on-site doesn't mean that tenants would stay on-site all the time."

Having a faith-based location was seen as beneficial because of the "automatic interaction with parishioners that could take place and therefore tenants would not be isolated."

Overall, participants felt that on-site services would be beneficial to the tenants as long as attention was paid to the issues of choice to use services, integration with the larger community and location.

Although outside the scope of this report, a number of references were made in this section to the possibility of developing an Independent Living Centre in Hamilton to advocate for the independence of people with disabilities. These centres provide essential links to the core services identified above as well as many others that are available in a particular geographical community. Information about the resources in a community for people with disabilities is often identified as something there is never enough of.

Hamilton does not currently have an independent Living Centre but research is underway to explore that possibility.

The definition of independent living rising out of the Canadian Association of Independent Living Centres, states:

"Independent Living is founded on the right of people with disabilities to:

- Live with dignity in their chosen community;
- Participate in all aspects of their life; and
- Control and make decisions about their own lives"

6.2 Best Use of Commercial Space

The next question cut to the heart of the issue at hand for the Board of Directors for Freedom House, that is, what should the income-generating space be used for. Therefore, the participants discussed the following:

"In terms of promoting independence among tenants, what would be the best use of the proposed commercial space?"

An extensive list of additional on-site services besides the proposed five core services was compiled by the three focus groups.

Having on-site medical services was confirmed but there was a caution not to "medicalize the building" so that the larger community only saw Freedom House as a place where "sick people live." But the presence of physiotherapy was seen as very important. Once again nursing and attendant care was mentioned but these two services would comprise the on-site medical services and would not be seen as income-generating services situated in the commercial space.

Committee rooms for public use, which could be rented out for a fee, was seen as a good idea. This would increase the integration level in the building, as members of the larger community would access the space. It would also be seen as an asset to the building in terms of income that could be generated from downtown meeting space that is often hard to obtain.

Other retail opportunities were mentioned with two standing out, namely a grocery store and a hair dressing shop. With regard to the grocery store, it was hoped that "competitive prices" would be available so it would be more accessible to people on fixed incomes.

The social aspect of the building came up a number of times as participants thought a restaurant or coffee shop would be important as a meeting space.

"A Coffee shop
would humanize
the place."

"A coffee shop would humanize the place." Communal space where movies could be watched and other recreational opportunities would be available was also spoken about.

Finally, in order to have all the services on-site, a coordinator or manager was seen to be essential. This person would work on the profile of the building in the broader community so the space was well advertised and well used, ensuring the sustainability. This area of the discussion, particularly in two of three groups, led to consideration of an Independent Living Centre being located on-site. "It could be a site for peer support, a resource centre, and meeting space for people with disabilities."

While not key themes, other services mentioned included:

- internet access - café or private
- recreation centre, gym facility
- day care centre
- ATM - bank machine
- homemaking services
- shop to service wheelchairs
- therapeutic swimming pool
- swap shop- 2nd chance clothing
- friendly home visitor volunteers
- television cameras for security
- community kitchen
- coffee shop - express unit
- pharmacy
- variety store, tuck shop
- after-hours clinic
- transportation services
- wellness centre
- physicians, optometrist if viable
- counseling and pastoral care
- hearing aid assistance

"It could be a site for peer support, a resource centre, and meeting space for people with disabilities "

The majority of the services mentioned in the forum correspond to the original building proposal in 1998 and the findings of the focus group in 2000. These are consistent with the types of services provided at First Place and the Seniors' building at Main and Hess, two buildings in Hamilton that serve similar populations.

6.3 Tenant Council

One of the functions of a tenant's council in some locations is that of advocacy in the wider community. Therefore, in order to expand on the discussion with the key informants about the essential existence of a tenant's council, participants were asked,

"How could a tenant council work toward increasing access to existing services?"

The responses to this question were focused on the promotion of the services that would exist in the building as opposed to existing services. However, many ideas were shared about the structure of such a council working with a coordinator and the board of directors.

A diversified council with the majority represented by tenants but also including service providers, politicians, and business people was seen to have the greatest chance of having an impact on service

[The tenant's council] "must be barrier free, both physically and attitudinally."

delivery. This group could place an emphasis on offering "convenient, scarce or alternative services, suitable for people with disabilities" within the building.

One group extensively discussed a structure that would see a tenant council working in conjunction with the Board of Directors for Freedom House. A coordinator of services would be hired and that person would be the link between the tenant council and the board. Another idea had representation from the board sitting on the tenant's council as well as a council representative on the board. No matter what the structure looks like, it must be "barrier free, both physically and attitudinally."

Participants seemed to agree that the coordinator of services would work on-site doing the liaison work between the services and the tenants that would "take the burden off tenants." The coordinator must be someone "who knows the community" to promote public awareness of the building and the services therein.

6.4 Key Findings

The following key findings arose from the discussions in the focus groups at the forum.

1. Overall, on-site services can be beneficial to the tenants as long as attention is paid to the issues of freedom to use services, integration of the larger community and location.
2. If services are to be offered on-site at Freedom House, particular attention must be paid to giving the tenants a choice in whether or not to access those services. Obligation to use the on-site services should not be part of the rental agreement.
3. Reducing the risk of isolation in a building where many of the services are offered on-site can be done by integrating rent-geared-to-income units with market price units. All on-site services must be made available to the public in order to foster integration in the wider community and to break down intolerance of people with disabilities.
4. The location of the building needs to be on an easily accessible transit line, preferably in the downtown core. Safety and security is also an issue when considering location, with more participants seeing the downtown area to be more secure particularly when it comes to access to transportation in well-lit areas. Since the existing services many people access are located downtown, this also made the core a preferable location.
5. Having health care services on-site is seen as favourable as long as the building does not become medicalized with a stigma that only people who are unhealthy live in it. Physiotherapy was seen as primary. Meeting space, a grocery store, hairdresser/barber, and a coffee shop were the next most mentioned services to provide in the income-generating space.
6. Sustainability of the services is an issue that can be worked on with an on-site manager who could help promote the services and coordinate them. Location will also have an impact on sustainability, as the businesses will need to access the larger community in order to remain viable.
7. A tenant's council that includes majority representation of tenants as well as service providers, politicians and business people, will help the building serve the tenants best. This council would operate separately from the Board of Directors with cross-representation on both bodies.



7.0 RECOMMENDATIONS

The following set of recommendations is a result of the research, local inventory and community consultation regarding delivery of services in the Freedom House Model.

1. Based on the discussions with both the key informants and the focus groups, it was clear that having some on-site services in the income-generating space planned for Freedom House would be welcomed.

Therefore, we recommend pursuing the delivery of some core services on-site in the Freedom House model. However, in order to ensure the independence of the tenants, they must have the freedom to choose whether or not to access these services on-site. The rental agreement must not infer directly or indirectly, any obligation on the part of the tenants to use the on-site services.

2. Ensuring that the tenants of Freedom House do not become isolated living in a building where so many amenities would be on-site was a concern that became evident through the consultations.

Therefore, we recommend that the on-site services are made accessible to the wider community in order to:

- Promote integration and tolerance of people living with disabilities and
- Assist with the viability of the on-site businesses.

3. It is important that the tenants have a voice in the way the building is operated and in particular with regard to the on-site services.

Therefore, we recommend that a tenant council be developed that will act as an advocate regarding access to services. The council will also give input to a building coordinator and the board by having a seat at the board table.

4. Promotion of the building to the larger community and the smooth operational flow of the building inside will be important.

Therefore, we recommend that an on-site coordinator be employed to assist tenants in connecting with the services they need either on or off-site. She or he will monitor and evaluate the services along with the tenant's council and board, and promote them in the larger community.

5. The presence of an Independent Living Centre (ILC) in Hamilton is currently being explored. It's function of advocacy and the potential advocacy function of a tenant's council is similar, but an Independent Living Centre can act as a source of information and peer support as well, which could empower the tenants.

Therefore, we recommend further study be conducted into the possibility of locating an Independent Living Centre on the site of Freedom House.

9.0 REFERENCES

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APPENDIX A

Definitions of Support Services



Definitions of Support Services

Adult Day Support provides personal assistance, supervision and an organized program of health, social, educational and recreational activities in a supportive group setting. Nursing, rehabilitation, and a range of other professional and ancillary services may be provided. The program is designed to maintain persons with physical and/or mental disabilities, or restore them to their optimum capacity for self-care. It can also be used to provide respite care, training and informal support to family caregivers.

Attendant Care services provide assistance to people with disabilities with activities of daily living. This can include, but is not limited to, assistance with bathing, dressing, and eating, as well as with work-related activities. Care may be provided in different settings including:

- outreach care to people in their home or workplaces (not available for 24 hr periods)
- support service living units - attendants are available on-site providing care for 24 hours to a number of people in the setting
- direct funded services where people are provided with the funds to access their own individual 24-hour care

Barrier-free is an environment that enables anyone with a disability to live as independently as possible within the scope of her or his limitations. Barriers may be abuse/safety, age, attitude, cognitive/development, education, employment, environment, finance, gender, geography, government, housing, information, justice, language, literacy, medical, merchandising, neurological, occupational, professional, physical/mobility, psychiatric, race/culture, religion, recreation sensory (hearing, smell, sight, taste and touch), sexual preference, social, structural and transportation. This list is not necessarily complete.

Community Care Access Centres (CCAC's) are a single entry system funded provincially to provide information about the care options available in designated geographic areas. In 1996, the Ministry of Health and Long-Term Care established 43 Community Care Access Centres covering all of Ontario. CCACs serve as a local point of contact and service co-ordination. CCACs also determine eligibility for government-funded home and community support services and admission to a long-term care facility.

Continuing Care is a term that is generally used to describe a system of service delivery that includes all of the services provided by Long Term Care, Home Care and Home Support. This term reflects two complementary concepts: that care may "continue" over a long period of time, and that an integrated program of care "continues" across service

components, that is, that there is a continuum of care from community services such as Meals-on-Wheels to care in geriatric units in acute care hospitals.

Coordinated Assessment and Placement ensures that there is an appropriate determination of need and that an initial care plan is developed that is most closely suited to the needs of the client. Based on this care plan, the client is provided access to care in any of the components of the service delivery system, regardless of whether these services are provided in institutions, the community or the client's own home. Coordinated assessment and placement increases systems efficiencies because, during this process, consideration is given to whether or not clients can be cared for in the community as opposed to a facility.

Coordinated Case Management coordinates the provision of necessary services across the service components of the overall system and ensures that there is regular monitoring and review of client needs. As needs change, care plans are adjusted to ensure that there is a continuing match between the needs of the client and the care provided. This again provides for good care and increases systems efficiencies by not allowing clients to deteriorate through lack of regular monitoring to the point where more costly services, such as a long term care facilities are needed.

Congregate Living Environment

Residents in this situation live independently in a shared setting, with attendant services available, depending on the level of need. Services may also include life skills training and housekeeping.

Crisis Support may be available in the community to give emergency assistance when existing arrangements break down, e.g., illness of the spouse or caring for a disabled person, which could include facilitation of emergency admission to institutional care, or the provision of enhanced Home Care.

Dietetic Services provide nutritional assessment and consultation to individuals, families, caregivers and groups. Dietitians work with clients in areas of general nutrition, therapeutic diets, disease prevention and health promotion.

Disability is a restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. (World Health Organization and Health and Activities Limitations Survey)

Friendly Visiting is a support service that matches a volunteer on a one to one basis to visit an isolated senior or physically disabled adult in their home on a regular basis. The visits

will generally be to the client's home but the volunteer can also do shopping for the client, take the client on a shopping trip, banking or to a social or cultural event.

Group Homes are homes or home-like residences that enable persons with physical and/or mental disabilities to increase their level of independence through a pooling of group resources. They must be able to participate in a cooperative living situation with other challenged individuals. This type of care is particularly suited for disabled young adults who are working, enrolled in an educational program, or attending a sheltered workshop. It may also be provided to seniors and others who require an alternative to facility care.

Home Care Nursing provides comprehensive nursing care to people in their homes, generally by registered or psychiatric nurses. A home care nursing program coordinates a continuum of nursing services designed to support clients of all ages to remain in their homes during an acute, chronic, or terminal illness. This community based program provides nursing care in the client's own environment. Home care nursing encourages clients and their families to be responsible for, and to actively participate in, their own care. Thus, teaching and self-care are promoted. Goals for home care nursing can be curative, rehabilitative, palliative, or supportive.

Home Care Services are usually provided by provider organizations but may also be obtained from registries and independent providers. Home care organizations include home health agencies; community support agencies; staffing and private-duty agencies; and companies specializing in medical equipment and supplies, pharmaceuticals, and drug infusion therapy.

Home care services generally are available 24 hours a day, seven days a week. Depending on the client's needs, these services may be provided by an individual or a team of staff working on a part-time, intermittent, hourly, or shift basis.

Homemaker Services are provided to clients who require non-professional (lay) personal assistance with care needs or with essential housekeeping tasks. Personal care needs may include help with dressing, bathing, grooming, and transferring, whereas housekeeping tasks might include activities such as cleaning, laundry, meal preparation, and other household tasks.

Home Support is home and community based long term care services, generally provided by persons other than professionals such as nurses or rehabilitation therapists (e.g., homemakers), even though some of these services are provided in the community. Adult daycare and group home services are community based "Home Support" services. Going to adult day care centres provides support to people living at home by providing needed

health services and the opportunity for socialization. It is believed that persons who attend such centres can continue to live at home for longer periods of time. In addition, adult day care services can provide a period of respite for family caregivers. In group homes, individuals typically pay for the room and board component of care in "their home" and only the care component of services is paid for by government, thus providing "Home Support" for persons in group living situations.

Independent Living Centres (ILC's) are community-based and controlled by and for persons with disabilities. The Canadian Association of Independent Living Centres is controlled by individual independent Living Centres and its responsibilities mainly consist of providing support, training, networking with government and non-government organizations, and information dissemination.

According to the Canadian Association of Independent Living Centres, "Independent Living is founded on the right of people with disabilities to:

- Live with dignity in their chosen community;
- Participate in all aspects of their life; and
- Control and make decisions about their own lives

Life Skills Training for Independent Living provides training and support for independent living, and for social and personal development and integration, in group settings or on an individual basis.

Long Term Care is provided in a fully institutional setting and provides support for clients who can no longer live safely at home. Clients may have moderate to heavy care needs that can no longer be safely or consistently delivered in the community. They may suffer from a chronic disease, from a disability that reduces their independence and, generally, cannot be adequately cared for in their homes.

Meal Programs are generally voluntary community services that deliver a nutritious hot, or frozen, meal to the homebound client (Meals-on-Wheels) or bring the client to a congregate setting to have a meal (Wheels-to-Meals). The goal of Meal Programs is to supplement a client's diet by delivering an attractive nourishing meal to help maintain or improve health. Governments may pay for some of the costs of this program, e.g., cost of meals, transportation subsidy.

Medical Equipment Services provide the equipment and support to use it safely within the home setting. Staff will generally visit the home to assist in the set-up. Many providers offer equipment on a lease or purchase basis.

Occupational Therapy works to ensure the client's return to her or his maximum level of functioning so that she or he can safely participate in daily activities of self-care, work and leisure. The Occupational Therapist educates the client in adaptive technique, which will make it possible to perform activities of daily living within the framework of physical limitations.

Palliative Care is an interdisciplinary service that provides active, compassionate care to the terminally ill in their home, a hospital, or other health care facility. Palliative care is provided to individuals, and their families, where it has been determined that treatment to prolong life is no longer the primary objective.

Physiotherapy provides assessment, treatment and education of movement problems that result from pain, disease, accident, injury, aging or life long disabilities. This includes pain management strategies for acute and chronic movement disorders as well as functional mobility assessments. Through the use of exercises and modalities (such as heat, ice, TENS, laser and ultrasound), physiotherapists help clients return or adapt to regular daily activities.

Respite Services may be provided to primary caregivers to give them temporary relief or support by providing a substitute for the caregiver in the home or by providing alternate accommodation to the client in a residential setting.

Single Entry

A single entry system provides a single focal point, in local communities, for "one stop shopping" for care services. This system provides a consistent screening mechanism that is to ensure that only those with appropriate needs are provided services. This increases overall systems efficiencies because it minimizes the probability that unnecessary care may be provided. In addition, individuals do not have to speak to multiple sources to find out what services are available and how they can be accessed. This increases the level of accessibility to the care system. In systems without single entry, people may not obtain care, or the most appropriate care, because of a lack of knowledge about what is available to them.

Social Work assists individuals to cope with the stresses (emotional, psychological or financial) that often accompany illness. Social Workers counsel families in crisis and help locate financial assistance for those in need.

Supportive Housing: At their 65th Council meeting in May 2002, The National Advisory Council on Aging (NCAC) agreed that a good working definition of supportive housing comes from the Canada Mortgage and Housing Corporation.

"Supportive housing is the type of housing that helps people in their daily living through the provision of a physical environment that is safe, secure, enabling and home-like and through the provision of support services such as meals, housekeeping, and social and recreational activities. It is also the type of housing that allows people to maximize their independence, privacy, decision-making and involvement, dignity and choices and preferences."

Therapeutic pool

Aquatic rehabilitation is a leading therapeutic exercise alternative. Water is an ideal treatment medium for patients with painful joints and weak muscles as only water can provide consistent resistance throughout range of motion while offering support for injured or otherwise weak areas.

The buoyancy, movement and resistance of water account for the benefits of aquatic rehabilitation. Results may consist of improved range of motion, strength, flexibility, endurance and function.

Transportation Services may be provided to persons with disabilities and others with mobility related limitations to allow them to go shopping, keep appointments and attend social functions. Some vehicles are adapted for wheelchairs and other devices.

Vocational rehabilitation is a regular part of the CPP disability program to help facilitate a participant's return to work. CPP provides for vocational rehabilitation if:

- with a vocational rehabilitation program, the person would likely be able to return to work; and
- the person is receiving a CPP disability benefit; and
- the person is willing to participate in a vocational rehabilitation program; and
- the person's medical condition is stable and his or her doctor approves.

Once the rehabilitation program is complete, participants are granted a three-month job-search period. This can be extended up to one year in exceptional circumstances. CPP also allows a three-month work trial during which benefits continue. If the work experience is successful, the participant continues to work and disability benefits are stopped.

Volunteers may provide programs of volunteer help that are utilized in addition to formal care services. Volunteer services may include, but are not limited to, friendly visiting, telephone reassurance and monitoring, doing errands and shopping, and other social and recreational activities.

APPENDIX B

Board of Directors for Freedom House



Board of Directors for Freedom House

Susan Andrews
Sue Brophy
Ron Corsini
Judy MacNeil
Mark Nagler
Cam Robertson
Mary Sinclair
John Smith
Gloria Wade

